

Office of Senator Gary Forby
417 Capitol Building
Springfield, IL 62706

TO: Chicago Justice Department
FROM: Senator Gary Forby
RE: Request for witness slips HB 5154
PAGES: 29

Senator Gary Forby

FROM THE DESK OF



HB 5154
BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

Labor

DATE

4/21/10

OTHER (Subject matter)

I. IDENTIFICATION

Name

Kareem Kenyatta

Firm/Business/Agency

Office of the Attorney General

Address

City

State

Zip

Title

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), firm(s), group(s), represented in this appearance

III. POSITION (Check appropriate box)

Original Bill ☐ Proponent ☒ Opponent ☐ No Position on Merits

Amendment(s) # ☐ Proponent ☐ Opponent ☐ No Position on Merits

Conference Committee Report # ☐ Proponent ☐ Opponent ☐ No Position on Merits

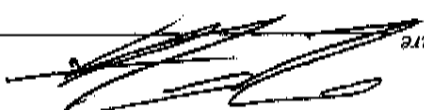
IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature



RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labas

DATE

4/21

OTHER (Subject matter)

I. IDENTIFICATION

Name Josh Sharp

Firm/Business/Agency Illinois Press Association

Address

Title Assistant Director of Government Relations

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), firm(s), group(s), represented in this appearance

III. POSITION (Check appropriate box)

Original Bill ☐ Proponent ☒ Opponent ☐ No Position on Merits

Amendment(s) # ☐ Proponent ☒ Opponent ☐ No Position on Merits

Conference Committee Report # ☐ Proponent ☒ Opponent ☐ No Position on Merits

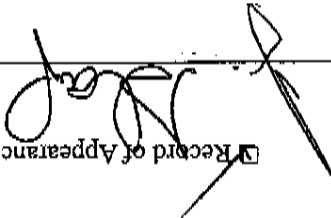
IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature



RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR

DATE

4-21-10

OTHER (Subject matter)

I. IDENTIFICATION

Name Mary DixonFirm/Business/Agency AGLU of IllinoisAddress 180 N. Michigan Ave #2300City ChicagoState ILZip 60601Title Legislative Director

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), firm(s), group(s), represented in this appearance

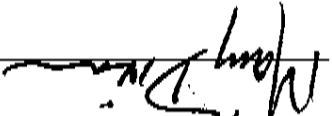
III. POSITION (Check appropriate box)

Original Bill ☐ Proponent ☒ OpponentAmendment(s) # ☐ Proponent ☐ OpponentConference Committee Report # ☐ Proponent ☐ Opponent

IV. TESTIMONY (Check appropriate box)

☐ Oral☐ Written Statement Filed☒ Record of Appearance Only

Signature



RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

Labor

DATE

4-21-10

I. IDENTIFICATION

Name

Melissa Hahn

Firm/Business/Agency

Illinois News Broadcasters Association

Address

City

State

Zip

Title

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance

III. POSITION (Check appropriate box)

Original Bill

☐ Proponent

☒ Opponent

☐ No Position on Merits

Amendment(s) #

☐ Proponent

☒ Opponent

☐ No Position on Merits

Conference Committee Report #

☐ Proponent

☐ Opponent

☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

Melissa Hahn

(4)

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor

DATE

4/22

OTHER (Subject matter)

I. IDENTIFICATION

Name Dennis Lyle

Firm/Business/Agency Illinois Broadcasters Association

Address

City

State

Zip

Title Executive Director

Name of person(s), group(s), firm(s) represented in this appearance

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

☐ Proponent

☒ Opponent

☐ Proponent

☐ Opponent

☐ Proponent

☐ Opponent

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

[Signature]

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

labor

DATE

4/21

OTHER (Subject matter)

I. IDENTIFICATION

Name

Arthur Riser

Firm/Business/Agency

Illinois State Board of Education

Address

100 N First

Title

Chairman

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance

III. POSITION (Check appropriate box)

Original Bill	☒ Proponent	☐ Opponent	☐ No Position on Merits
Amendment(s) #	☐ Proponent	☐ Opponent	☐ No Position on Merits
Conference Committee Report #	☐ Proponent	☐ Opponent	☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

Arthur Riser

5154
HB 515
BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

labor

DATE

4/21/2010

I. IDENTIFICATION

Name

Steven Quiley

Firm/Business/Agency

Will County Governmental League

Address

City

State

Zip

Title

Executive Director

Name of person(s), group(s), firm(s) represented in this appearance

Will County Governmental League

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

Original Bill

☒ Proponent

☐ Opponent

☐ No Position on Merits

Amendment(s) #

☐ Proponent

☐ Opponent

☐ No Position on Merits

Conference Committee Report #

☐ Proponent

☐ Opponent

☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☐ Record of Appearance Only

Signature

[Handwritten Signature]

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR

DATE 4-21-2010

OTHER (Subject matter) _____

I. IDENTIFICATION

HB 5154
BILL OR RESOLUTION NUMBER

Name _____

Firm/Business/Agency _____

Address _____

Title _____

Sharon Teeley, Legislative Director
Illinois Federation of Teachers
700 S. College St.
Springfield, IL 62704

State _____ Zip _____

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)
Name of person(s), group(s), firm(s) represented in this appearance IFT

III. POSITION (Check appropriate box)

Original Bill _____	☒ Proponent	☐ Opponent	☐ No Position on Merits
Amendment(s) # _____	☐ Proponent	☐ Opponent	☐ No Position on Merits
Conference Committee Report # _____	☐ Proponent	☐ Opponent	☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

Sharon Teeley

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

DATE

OTHER (Subject matter)

I. IDENTIFICATION

Name

Firm/Business/Agency

Address

Title

City

State

Zip

III. POSITION (Check appropriate box)

Original Bill ☐ Proponent ☐ Opponent ☐ No Position on Merits
Amendment(s) # 1 ☒ Proponent ☐ Opponent ☐ No Position on Merits
Conference Committee Report # ☐ Proponent ☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

BILL OR RESOLUTION NUMBER

HB 5154

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR

DATE

4/21/10

OTHER (Subject matter)

I. IDENTIFICATION

Name Emile A. Nelson

Firm/Business/Agency

Address

City

State

Zip

Title Dir. Civil Affairs

Name of person(s), firm(s), group(s), represented in this appearance

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits

Amendment(s) # 1 ☒ Proponent ☐ Opponent ☐ No Position on Merits

Conference Committee Report # ☐ Proponent ☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

[Signature]

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Urban

DATE 4/21/10

I. IDENTIFICATION

Name Shirley Collins Evans

Firm/Business/Agency Chicago Teachers Union

Address 722 West Madison St

Title Executive Labor Coordinator

Name of person(s), group(s), firm(s) represented in this appearance Chicago Teachers Union

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits
Amendment(s) # ☐ Proponent ☐ Opponent ☐ No Position on Merits
Conference Committee Report # ☐ Proponent ☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature Shirley Collins Evans

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

DATE

OTHER (Subject matter)

NAME

Firm/Business/Agency

Address

Title

Name of person(s), group(s), firm(s) represented in this appearance

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits
Amendment(s) # ☐ Proponent ☐ Opponent ☐ No Position on Merits
Conference Committee Report # ☐ Proponent ☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral ☐ Written Statement Filed

☒ Record of Appearance Only

Signature

BILL OR RESOLUTION NUMBER
HB 5154

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

labor

DATE

4/21/2010

I. IDENTIFICATION

Name Loretta Durbin
Firm/Business/Agency Government Affairs Specialists, Inc.
Address 217 E Monroe, Suite 204
Springfield, IL 62701
Title Vice President

State _____
Zip _____

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), firm(s), group(s), represented in this appearance

Eastern Illinois University

III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits
Amendment(s) # _____ ☐ Proponent ☐ Opponent ☐ No Position on Merits
Conference Committee Report # _____ ☐ Proponent ☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral ☐ Written Statement Filed

☒ Record of Appearance Only

Signature

[Signature]

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE *labor*DATE *4/21/2010*

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Alice E. Phillips
 Firm/Business/Agency Government Affairs Specialists, Inc.
 Address 217 E Monroe, Suite 204
Springfield, IL 62701
 Title President

State _____ Zip _____

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), firm(s), group(s) represented in this appearance _____

*Eastern Illinois University***III. POSITION (Check appropriate box)**Original Bill ☒ Proponent ☐ Opponent ☐ No Position on MeritsAmendment(s) # _____ ☐ Proponent ☐ Opponent ☐ No Position on MeritsConference Committee Report # _____ ☐ Proponent ☐ Opponent ☐ No Position on Merits**IV. TESTIMONY (Check appropriate box)**☐ Oral☐ Written Statement Filed☒ Record of Appearance Only

Signature

[Signature]

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR

DATE 4-21-10

OTHER (Subject matter) _____

I. IDENTIFICATION

Name William Perkins

Firm/Business/Agency SEIN TILLOIS CHARTER

Address _____

City _____

State _____

Zip _____

Title LEGISLATIVE DIRECTOR

Name of person(s), firm(s), group(s), represented in this appearance _____

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

Original Bill ☒ Proponent

Amendment(s) # _____ ☐ Proponent

Conference Committee Report # _____ ☐ Proponent

☐ Opponent ☐ No Position on Merits

☐ Opponent ☐ No Position on Merits

☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature [Signature]

BILL OR RESOLUTION NUMBER

HB 5154

10

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor

DATE 5/2/10

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Deirdre Darnall

Firm/Business/Agency Labors' Int'l Union, Midwest Region

Address _____

City _____

State _____

Zip _____

Title Asst. Director of Governmental Affairs

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)
Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill	☒ Proponent	☐ Opponent	☐ No Position on Merits
Amendment(s) # _____	☐ Proponent	☐ Opponent	☐ No Position on Merits
Conference Committee Report # _____	☐ Proponent	☐ Opponent	☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

Deirdre Darnall

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

DATE

HB 5154
BILL OR RESOLUTION NUMBER

I. IDENTIFICATION

Name

Firm/Business/Agency

Address

Title

OTHER (Subject matter)

City

State

Zip

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance

III. POSITION (Check appropriate box)

Original Bill

☒ Proponent

☐ Opponent

☐ No Position on Merits

Amendment(s) #

☐ Proponent

☐ Opponent

☐ No Position on Merits

Conference Committee Report #

☐ Proponent

☐ Opponent

☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

[Handwritten Signature]

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

DATE

SLB

4/21/10

OTHER (Subject matter)

I. IDENTIFICATION

Name Deanna Sullivan
Firm/Business/Address 2921 Baker Drive
Springfield, IL 62703
Address IL Statewide School Management
Title Alliance

City _____
State _____
Zip _____

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)
Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill	☒ Proponent	☐ Opponent	☐ Opponent	☐ No Position on Merits
Amendment(s) # _____	☐ Proponent	☐ Opponent	☐ Opponent	☐ No Position on Merits
Conference Committee Report # _____	☐ Proponent	☐ Opponent	☐ Opponent	☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral ☐ Written Statement Filed

☒ Record of Appearance Only

Signature

[Signature]

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

Labor

DATE

4/21/10

OTHER (Subject matter)

I. IDENTIFICATION

Name

Michael Caccio

Firm/Business/Agency

Address

Title

Political Director

City

State

Zip

Name of person(s), group(s), firm(s) represented in this appearance

Teachers Joint Council 25

III. POSITION (Check appropriate box)

Original Bill

☒ Proponent

☐ Opponent

☐ No Position on Merits

Amendment(s) #

☐ Proponent

☐ Opponent

☐ No Position on Merits

Conference Committee Report #

☐ Proponent

☐ Opponent

☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☐ Record of Appearance Only

Signature

[Signature]

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

DATE _____

OTHER (Subject matter)

I. IDENTIFICATION

NAME _____

Firm/Business/Agency

Address

Title

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity)

Name of person(s), group(s), firm(s) represented in this appearance

III. POSITION (Check appropriate box)

Original Bill

☒ Proponent☐ Opponent☐ No Position on Merits

Amendment(s) # _____

Proponent

Opponent ☐

☐ No Position on Merits

Conference Committee Report #

Proponent

Opponent ☐

☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

100

☐ Written Statement Filled

Record of Appearance Only

Signature

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RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

labor

DATE

4/21/10

OTHER (Subject matter)

I. IDENTIFICATION

Name

Erika Lindley

Firm/Business/Agency

Address

City

State

Zip

Title

Name of person(s), firm(s), Group(s), represented in this appearance

ED-RED

III. POSITION (Check appropriate box)

Original Bill

☒ Proponent

☐ Opponent

☐ No Position on Merits

Amendment(s) #

☐ Proponent

☐ Opponent

☐ No Position on Merits

Conference Committee Report #

☐ Proponent

☐ Opponent

☐ No Position on Merits

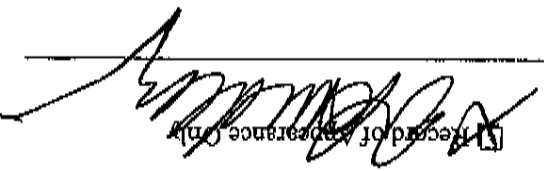
IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature



RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

DATE

OTHER (Subject matter)

I. IDENTIFICATION

Name

Firm/Business/Agency

Address

Title

Name of person(s), firm(s), group(s), represented in this appearance

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

☒ Proponent

☐ Opponent

☐ No Position on Merits

☐ Proponent

☐ Opponent

☐ No Position on Merits

☐ Proponent

☐ Opponent

☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

[Handwritten Signature]

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor

DATE 5/22/2010

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Loretta Durbin
Firm/Business/Agency Government Affairs Specialists, Inc.
Address Springfield, IL 62701
Title Vice President

Name of person(s), firm(s), group(s) represented in this appearance _____

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits
Amendment(s) # _____ ☐ Proponent ☐ Opponent ☐ No Position on Merits
Conference Committee Report # _____ ☐ Proponent ☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature

Loretta Durbin

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor

DATE 4/22/2010

OTHER (Subject matter) _____

I. IDENTIFICATION

BILL OR RESOLUTION NUMBER

HB 5154

Name _____

Firm/Business/Agency _____

Address _____

Title _____

Alice E. Phillips
Government Affairs Specialists, Inc.
217 E Monroe, Suite 204
Springfield, IL 62701
President

State _____

Zip _____

Name of person(s), firm(s), group(s) represented in this appearance _____

City of Naperville

III. POSITION (Check appropriate box)

Original Bill _____ ☒ Proponent ☐ Opponent ☐ No Position on Merits
Amendment(s) # _____ ☐ Proponent ☐ Opponent ☐ No Position on Merits
Conference Committee Report # _____ ☐ Proponent ☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

Alice Phillips

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

LABOR

DATE

4-22-10

OTHER (Subject matter)

I. IDENTIFICATION

BILL OR RESOLUTION NUMBER

Hb 5154

Sharon Teefey, Legislative Director

Illinois Federation of Teachers

700 S. College St.

Springfield, IL 62704

Title

Address

Firm/Business/Agency

Name

Title

Address

Firm/Business/Agency

Name

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)
Name of person(s), firm(s), group(s) represented in this appearance

III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits

Amendment(s) # ☐ Proponent ☐ Opponent ☐ No Position on Merits

Conference Committee Report # ☐ Proponent ☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature

Sharon Teefey

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor

DATE

4/20/10

OTHER (Subject matter)

I. IDENTIFICATION

Name

Joanna Webb-Gavin

Firm/Business/Agency

AFSCME

Address

1015 S. 2nd St

City

Spald

State

IL

Zip

62708

Title

Legislative Director

Name of person(s), firm(s), group(s) represented in this appearance

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

Original Bill ☒ ProponentAmendment(s) # ☐ ProponentConference Committee Report # ☐ Proponent☐ Opponent☐ Opponent☐ Opponent☐ No Position on Merits☐ No Position on Merits☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral☐ Written Statement Filed☒ Record of Appearance Only

Signature



RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE

labor

DATE

4/22/10

OTHER (Subject matter)

I. IDENTIFICATION

Name

Peter Baron

Firm/Business/Agency

CBJ Insult

Address

City

State

Zip

Title

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance

FOR Labor Council

III. POSITION (Check appropriate box)

Original Bill

☒ Proponent

☐ Opponent

☐ No Position on Merits

Amendment(s) #

☐ Proponent

☐ Opponent

☐ No Position on Merits

Conference Committee Report #

☐ Proponent

☐ Opponent

☐ No Position on Merits

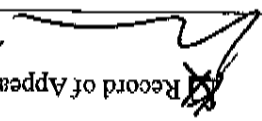
IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature



RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR

DATE 4/22/90

OTHER (Subject matter) _____

I. IDENTIFICATION

Name William Perkins

Firm/Business/Agency ST. LOUIS COUNCIL

Address _____

City _____

State _____

Zip _____

Title LEGISLATIVE DIRECTOR

Name of person(s), group(s), firm(s) represented in this appearance _____

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits
 Amendment(s) # _____ ☐ Proponent ☐ Opponent ☐ No Position on Merits
 Conference Committee Report # _____ ☐ Proponent ☐ Opponent ☐ No Position on Merits

IV. TESTIMONY (Check appropriate box)

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

Signature William Perkins